



State of Hawaii
Department of Health

GLASS ADVANCE DISPOSAL FEE PROGRAM QUARTERLY REPORT FORM

Glass container importers who import more than 100,000 non-deposit beverage glass containers, shall provide a report and fee payment quarterly.

Company Name: _____

Address: _____

Contact Person: _____

Phone: _____ Email: _____

Please check the quarterly period covered by this form and fill in the year:

☐ January – March 20____
Due April 15th

☐ April – June 20____
Due July 15th

☐ July – September 20____
Due October 15th

☐ October – December 20____
Due January 15th

Product Type	Container Count	Container Fee Amount <i>container count x \$0.015 =</i>	Total Due
Wine and Spirits			
Food <i>(i.e., condiments)</i>			
Non-Food <i>(i.e., nail polish, fragrances, cleaning supplies)</i>			
Totals			

I certify under penalty of law that this document was prepared under my direction or supervision by qualified personnel who have properly gathered and evaluated the submitted information. I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine, imprisonment for a knowing violation, or both.

Signature of Authorized Representative

Title

Print Name

Date

If you have questions about this form contact:

Office of Solid Waste Management
Phone (808) 586-4226
Fax (808) 586-7509

Make a check or money order payable to:
Department of Health, State of Hawaii

Mail completed form and payment to:
Hawaii Department of Health
Office of Solid Waste Management
919 Ala Moana Boulevard, Room 212
Honolulu, HI 96814-4920